

Application Data Sheet

APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?:: Paper

Computer Readable From (CRF)?:: Yes

Number of Copies of CRF:: 1

Title:: SCYTOVIRINS AND RELATED CONJUGATES,
FUSION PROTEINS, NUCLEIC ACIDS,
VECTORS, HOST CELLS, COMPOSITIONS,
ANTIBODIES, AND METHODS OF USING
SCYTOVIRINS

Attorney Docket Number:: 231119

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?:: No

Latin Name::

Variety denomination name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name:: R
Family Name:: BOYD
Name Suffix::
City of Residence:: Mobile
State or Prov. of Residence:: AL
Country of Residence:: US
Street of mailing address:: 109 Austil Avenue

City of mailing address:: Mobile
State or Province of mailing address:: AL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 36608
Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Heidi
Middle Name:: R
Family Name:: BOKESCH
Name Suffix::
City of Residence:: Frederick
State or Prov. of Residence:: MD
Country of Residence:: US
Street of mailing address:: 6782 Sunny Brook Drive

City of mailing address:: Fredrick
State or Province of mailing address:: MD
Country of mailing address:: US

Postal or Zip Code of mailing address:: 21702
Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Barry
Middle Name:: R
Family Name:: O'KEEFE
Name Suffix::
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Country of mailing address:: US
Postal or Zip Code of mailing address:: 21702
Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Tawnya
Middle Name:: C
Family Name:: McKEE
Name Suffix::
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Postal or Zip Code of mailing address:: 20877

CORRESPONDENCE INFORMATION

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REPRESENTATIVE INFORMATION

Representative Customer Number 1:: 45733
Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US03/15991	05/15/03
PCT/US03/15591	An application claiming the benefit under 35 USC 119(e)	60/381,322	05/16/02

ASSIGNEE INFORMATION

Assignee name:: The Government of the United States of America,
Represented by the Secretary Dept. of Health and
Human Services
Street of mailing address:: Office of Technology Transfer
6011 Executive Boulevard, Suite 325
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State or Province of
mailing address:: MD

Country of mailing
address::

US

Postal or Zip Code of
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